

DIOCESE OF BURLINGTON
Request for Catholic Cemetery Grave Opening



Resurrection Park Catholic Cemetery

200 Hinesburg Road
South Burlington, VT 05403
Phone: (802) 862-1530
Fax: (802) 862-6505

NAME OF DECEASED: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____ AGE: _____

LOT OWNER: _____

RELATIONSHIP TO DECEASED: _____

SECTION: _____ LOT # _____ LOCATION IN LOT: _____

DATE, TIME & PLACE OF FUNERAL SERVICE: _____

DATE & TIME OF GRAVESIDE SERVICE: _____ TYPE OF VAULT: _____

NAME OF FUNERAL HOME, CREMATION SERVICE OR REQUESTING PERSON: _____
TELEPHONE # _____

I HEREBY REQUEST AND AUTHORIZE RESURRECTION PARK CEMETERY TO OPEN SAID GRAVE. I CERTIFY THAT I HAVE THE RIGHT TO MAKE THIS REQUEST AND HOLD THE DIOCESE OF BURLINGTON, ITS AGENTS AND CEMETERY OFFICIALS HARMLESS FROM ANY AND ALL LIABILITY BASED UPON THE INFORMATION CONTAINED IN THIS REQUEST.

SIGNATURE OF REQUESTING PERSON: _____

PLEASE PRINT NAME: _____

RELATIONSHIP TO LOT OWNER: _____

ADDRESS: _____

_____ TEL # _____

DATE: _____